

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	INC	DEP		IND	DEP
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17	1						67		
18		1					68		
19		1					69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28	1						78		
29		1					79		
30		1					80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	11						TOTAL DEP.		
TOTAL CLAIMS	14						TOTAL CLAIMS		